

# Resource Toolkit

Having the Yarn: A practical resource for health workers facilitating vaccine workshops for Aboriginal communities

# Background

This toolkit was developed in response to feedback from a 2023 pilot project led by the Hunter New England Public Health Aboriginal Team, which delivered vaccine conversation workshops co-designed with Aboriginal and non-Indigenous facilitators. The workshops highlighted the need for ongoing support and culturally appropriate resources to help Aboriginal Health Workers, health professionals, and community members engage in respectful, informed conversations about vaccination.

Drawing on the insights and experiences shared during these workshops, the toolkit provides practical guidance to support the planning and facilitation of immunisation workshops, as well as everyday vaccine discussions. It is designed to be used alongside the accompanying PowerPoint slides and is informed by the *Yarning about Vaccinations* project, which emphasises community engagement, cultural safety, and strengths-based communication.

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# 1. Introduction

Aboriginal and Torres Strait Islander people (hereafter respectfully Aboriginal) are a priority population for Australia's immunisation programs due to historically lower coverage and higher rates of vaccine preventable diseases (1, 2). While Aboriginal children in the Hunter New England Local Health District (HNELHD) have maintained high vaccination coverage by five years of age, challenges remain, particularly regarding timeliness. Between 2021-2022, Australia experienced a notable decline in Aboriginal childhood vaccination rates, the most significant in decades (3).

When discussing vaccination, it is important to recognise that a range of factors influence a person's acceptance of vaccination. Beyond the way people think and feel about the topic, social processes can influence people's motivation to vaccinate (4). Vaccination messages from those perceived to share the same values can influence community beliefs, confidence and improve uptake (5, 6).

In response to rising concerns about missed or delayed vaccinations and the need for culturally safe communication, the Hunter New England Public Health Aboriginal Team led a pilot project in 2023 to deliver vaccine conversation workshops across the district. Co-designed and facilitated by Aboriginal public health practitioners, the workshops supported Aboriginal Health Workers, community leaders, and health professionals to have informed, respectful, and culturally relevant conversations about vaccination (7). Structured into four interactive sections, the workshops incorporated community-informed content and activities to support learning, trust-building, and engagement with vaccination concepts through a cultural lens.

This toolkit was developed from the insights and feedback gathered during these workshops. Participants highlighted the need for culturally sensitive tools to support meaningful conversations about vaccination. This toolkit summarises key content and learnings from the *Yarning About Vaccination* workshops and offers practical guidance for health staff to use in future workshop delivery.

## Who can use this toolkit?

This toolkit is designed for use by Aboriginal and non-Aboriginal healthcare professionals in both the government and Aboriginal community-controlled health sector. While the workshops should be designed and led by Aboriginal people, some workshop content may be delivered by non-Aboriginal experts, as appropriate.

## 2. Workshop governance and facilitation

It is essential the workshops are led by Aboriginal people to ensure the content is grounded in cultural knowledge and delivered in a way that is reflective of Indigenous ways of knowing, doing and being. Aboriginal people should facilitate and guide all aspects of the workshop, including yarning sessions and role plays. Non-Aboriginal experts and health practitioners can contribute as part of the project team by assisting in content development and supporting session delivery. This governance model supports community ownership and leadership, and co-design principles in all aspects of the development and implementation of these workshops.

## 3. Workshop planning and preparation

Workshop planning should start with respectful engagement with relevant Aboriginal stakeholders to understand whether vaccination is a priority for their community and should identify what the key learning needs are. It's important to ask what people want to learn about and how they'd prefer the information to be shared. This includes checking in on how the workshop will be structured and what kinds of vaccines or broader health topics like child health are most relevant.

Planning should be led by Aboriginal people, with guidance from an advisory group that includes local Aboriginal leadership. Several planning meetings will be needed to co-design the content,

ensuring it is culturally appropriate, relevant, and delivered in a way that reflects community values.

Planning should involve Public Health Physicians, immunisation workers, Aboriginal Health Workers, and Aboriginal Health Practitioners. Aboriginal facilitators and presenters should lead workshop session delivery to build trust and engagement. Content from non-Aboriginal presenters should be reviewed by Aboriginal team members for cultural appropriateness.

Allocating sufficient time and resources supports meaningful workshop planning and delivery. This includes building relationships, adapting and tailoring content, and incorporating community input. For example, in the HNELHD “Keeping Mob Safe: Yarning about Vaccination” workshops, the project team met regularly to plan, review and adapt the workshop content and delivery. They also debriefed after each workshop to reflect on the process and support continuous improvement and adaptations. The team consisted of members with various roles and expertise.

A successful workshop should be co-designed and led by Aboriginal facilitators, and supported by a team with complementary skills, including cultural, clinical, community and communication expertise. Adequate funding, staff capacity, and flexibility are essential to ensure the process is not rushed and that the outcomes are valuable for community.

See below for an example of key roles and expertise:

<b>Role</b>	<b>Responsibility</b>	<b>Workshop Content</b>
Aboriginal Project Lead	<ul style="list-style-type: none"> <li>Lead the overall project</li> <li>Provide cultural insight and oversight.</li> <li>Guide project planning, logistics, stakeholder engagement, recruitment, workshop delivery, evaluation and reporting.</li> </ul>	<ul style="list-style-type: none"> <li>Overall facilitation of workshops</li> <li>Welcome</li> <li>Acknowledgement of Country</li> <li>Part 1 of workshop agenda (Refer section 6 of toolkit)</li> <li>Part 4 of workshop agenda: Be a Vaccine Champion (Refer section 15 in toolkit)</li> </ul>
Aboriginal co-facilitators for example, Aboriginal Program Manager, Aboriginal Community Engagement Lead	<ul style="list-style-type: none"> <li>Provide cultural insight and oversight.</li> <li>Inform workshop design, content and delivery to build trust and reflect Indigenous ways of knowing, being and doing.</li> <li>Support workshop planning, logistics, recruitment, and facilitation of workshops.</li> <li>Co-facilitate workshop in the absence of Aboriginal Project Lead.</li> </ul>	
Aboriginal Health Workers and Practitioners	<ul style="list-style-type: none"> <li>Provide cultural insight and oversight.</li> <li>Share real-life practical examples of vaccine conversations.</li> <li>Assist with participant recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>Support facilitation of workshops.</li> <li>Co-present workshop content. (e.g. Immunisation Coordinator and Aboriginal Immunisation Health Worker)</li> </ul>
Public Health Expert (e.g. Public Health Physician)	<ul style="list-style-type: none"> <li>Provide up-to-date data e.g. flu, RSV, COVID etc and any relevant local public health messaging.</li> <li>Provide updates on current ATAGI recommendations for vaccination.</li> <li>Respond to specific questions during the session.</li> </ul>	Part 1 of workshop agenda: <ul style="list-style-type: none"> <li>Immunisation data</li> <li>Update on local public health issues (Refer section 6.3 in toolkit)</li> </ul>
Immunisation Coordinator and/or Aboriginal Immunisation Health Worker	<ul style="list-style-type: none"> <li>Provide up-to-date, evidence-based information about vaccines, including benefits and safety, and recommended vaccines for Aboriginal</li> </ul>	Part 2 of workshop agenda:

	and Torres Strait Islander people as per the National Immunisation Program. <ul style="list-style-type: none"> <li>Respond to specific clinical questions.</li> </ul>	Understanding vaccines (Refer section 7-10 of toolkit)
Behavioural and Social Science experts	<ul style="list-style-type: none"> <li>Bring expertise in understanding vaccine hesitancy, social drivers of vaccination, and strategies for effective communication.</li> <li>Help lead some workshop sessions on how to listen, respond with empathy, and support informed decision-making using behavioural insights and motivational interviewing techniques.</li> <li>Respond to specific questions</li> </ul>	Part 3 of workshop agenda: Understanding and addressing vaccine hesitancy (Refer section 11 of toolkit)
Cultural Advisors or Elders (where appropriate in the absence of Aboriginal Project Lead or AHWs etc)	<ul style="list-style-type: none"> <li>Provide cultural oversight. Be engaged from planning stage.</li> <li>Ensure workshop content is appropriate for local community context.</li> <li>May conduct welcome/acknowledgement of country or introduce the session.</li> <li>Assist with participant recruitment.</li> </ul>	Welcome or Acknowledgement of Country

## 4. Workshop structure and content overview

Below is the workshop structure used in the “Keeping Mob Safe: Yarning about vaccination” workshops. The table outlines the key components and recommended time allocations for each section. This format can guide using the toolkit or delivering similar training sessions.

Content	Time
Welcome & Acknowledgement of Country	5 min
Part 1: Introduction, Background, and Workshop Aims	25 min
Part 2: Understanding Vaccines	40 min
Break: Pause, stretch and check-in	5 min
Part 3: Understanding and Addressing Vaccine Hesitancy	50 min
SKAI: Sharing Knowledge About Immunisation	10 min
Lunch Break	25 min
Part 4: Be a Vaccine Champion	10 min
Wrap up, Questions & Close	10 min

## 5. Setting the scene for the workshops

The first part of the workshop should focus on creating a welcoming and culturally sensitive space for vaccination discussions with Aboriginal communities.

Reiterate that the workshops will: provide clear, evidence-based information from trusted sources while respecting individuals’ privacy, autonomy, and decision-making; promote the benefits of vaccination for individuals and communities, ensure equitable access to vaccines and information, and foster open, respectful, and trust-building two-way communication.

## 6.1 Welcome & Acknowledgement of Country

Begin with either a Welcome or Acknowledgement of Country, recognising the Custodians of the land on which the workshops take place, paying respect to Elders past and present. This important step fosters a respectful and inclusive environment, acknowledging the deep connection between Aboriginal peoples and their lands.

# Part 1: Introduction, Background and Workshop Aims

## 6.2 Introductions & workshop objectives

Facilitators and participants introduce themselves; sharing who they are, where they are from, their work and personal backgrounds, and expectations of the workshop. This helps build rapport and create a collaborative space for two-way learning and listening together.

The workshop objectives should then be outlined for example:

- Enhance understanding of vaccine benefit and safety.
- Develop practical skills for engaging in culturally appropriate vaccine conversations within Aboriginal communities.
- Address common concerns, myths and barriers related to vaccination.

Establish and set some ground rules for the workshop.

## 6.3 Public Health Update

Provide participants with data on immunisation coverage, vaccine preventable diseases, and the importance of vaccination for Aboriginal peoples. This information can provide participants with a clearer understanding of the current public health landscape and its impact on Aboriginal communities. It also provides important context for the workshop discussions.

*(Suggested content for workshop slides)*

- Provide up-to-date data on e.g. flu, RSV, COVID etc and any relevant local public health messaging.
- Provide updates on ATAGI recommendations for vaccination.
- Provide up-to-date about vaccines, including benefits and safety.

## Interactive icebreaker yarning activity

An icebreaker yarning activity can encourage engagement by creating an open, non-judgemental space for participants to share personal and community experiences, including barriers, challenges and successes relating to vaccinations. This activity reinforces the workshops focus on addressing vaccine hesitancy and sharing with the participants ways to have supportive conversations with people who are vaccine hesitant. (See appendix 1).

# Part 2: Understanding vaccines



## 7. Understanding vaccines

Before engaging in conversations about vaccination, it is essential to understand how vaccines work, their development, effectiveness, and safety. This section provides accurate and up-to-date information on the role vaccines play in preventing disease, the safety measures involved in their

development, vaccine ingredients and effectiveness. This knowledge may help health workers and community members to address concerns, promote informed decision-making and engage in meaningful, two-way conversations with Aboriginal people.

**Sections 7–14** include example content that can be used during workshops. These are provided as flexible guidance only and can be adapted to reflect local knowledge, community priorities, and preferred ways of sharing information.

### 7.1 Importance of vaccination

*(Example content for workshop slides)*

Vaccination is one of the most successful and cost-effective advances in global public health, but vaccines need to be administered for them to work effectively.

Vaccine ingredients depend on the disease the vaccine is designed to protect against. For instance, the influenza vaccine ingredients may change from year to year as new strains emerge.

Common vaccine ingredients include:

- A tiny amount of a live but weakened virus
- Dead viruses or bacteria
- Small pieces of bacteria
- A tiny dose of a modified toxin from bacteria
- A small amount of antibiotics or preservatives to keep the vaccine safe
- Diluents such as sterile water or saline

Each ingredient in a vaccine has a specific job and are all carefully tested to ensure they are safe (8).

### 7.2 Impact of vaccination in Australia

*(Example content for workshop slides):*

- Vaccines have greatly reduced deaths and hospitalisations
- Many diseases that were once common, like tetanus and polio, are now rare in Australia (9).
- Community (herd) immunity helps protect those who can't be vaccinated

### 7.3 Vaccine development, safety & monitoring

*(Example content for workshop slides):*

- Vaccines used in Australia go through strict testing and approval processes
- Systems like Vaxtracker and AusVaxSafety monitor side effects after vaccines are given.
- Even after vaccines are approved, their safety is continuously monitored.
- Some vaccines, like the flu vaccines are updated yearly to match changing strains (10), with a faster process to ensure timely availability.

## 7.4 Common concerns about vaccines

*(Example content for workshop slides)*

- Most vaccine side effects are mild and temporary, such as a sore arm or mild fever
- There is no link between vaccines and autism. This has been studied extensively
- Receiving multiple vaccines at once does not overload the immune system

If workshop participants have concerns, encourage them to speak with a doctor, immunisation nurse or Aboriginal Health Worker.

For more information, refer to:

Vaccine safety guidelines – Australian Government Department of Health and Aged Care  
<https://skai.org.au/childhood/questions>

## 8. Balancing the risks: vaccine preventable diseases vs. vaccine side effects

When discussing vaccination, it is important to provide information about the risks of vaccine preventable diseases and the potential side effects of vaccines. This section explores some vaccine-preventable-diseases, common vaccine side effects, and the overall public health impact of widespread vaccination, emphasising the importance of informed decision-making through transparent communication.

### 8.1 Understanding vaccine preventable diseases

*(Example content for workshop slides)*

- Vaccine preventable diseases such as measles, polio and whooping cough can cause severe complications.
- Measles: can lead to pneumonia, brain inflammation (encephalitis) or death
- Polio: may cause permanent paralysis or death
- Whooping cough: especially dangerous for babies, can lead to brain damage or death

### 8.2 Vaccine Side Effects

*(Example content for workshop slides)*

- Most Vaccine side effects are mild and temporary, including soreness at the injection site, fever and tiredness
- Rare but serious side effects include allergic reactions or seizures, which are closely monitored
- Encourage hydration, rest and paracetamol (if needed) to manage mild side effects
- Public health authorities closely monitor and investigate all reported side effects (see section 8).

### 8.3 Disease vs vaccine risks

*(Example content for workshop slides)*

The risk of serious illness from vaccine-preventable diseases far outweighs the risks of vaccine side effects. For more information on understanding and comparing risks, refer to:

- The Australian Immunisation Handbook
- NCIRS MMRV Vaccine Decision Aid: Comparing Risks - Measles

- SKAI: Diseases and Vaccines - Measles

## 8.4 Public health impact

*(Example content for workshop slides)*

- Vaccination not only protects individuals but also the broader community (herd immunity)
- High vaccine coverage prevents outbreaks and protects vulnerable populations
- Vaccination has led to the eradication of smallpox and reduced global polio cases dramatically

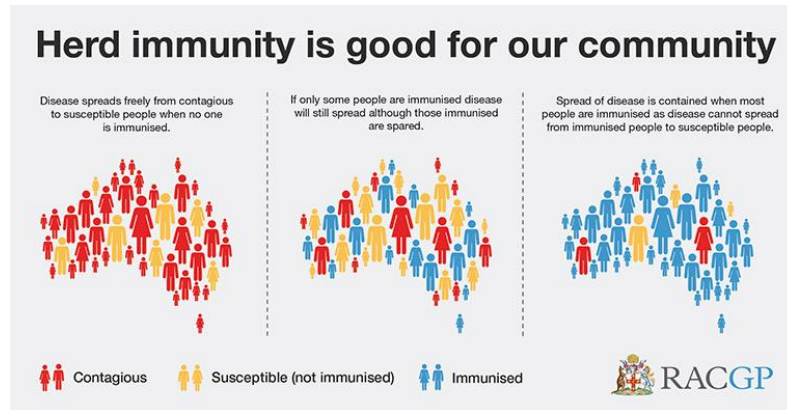


Image: [RACGP - Good for the herd](#)

## 9. Addressing concerns about vaccination

When discussing vaccination, it's important to create a space where concerns can be raised and addressed respectfully. The following points can be used to guide conversations and support informed decision-making.

- Be open about both the benefits and risks of vaccination
- Emphasise that vaccines undergo rigorous safety testing and continuous monitoring
- Reassure participants that any reported issues are investigated thoroughly
- Encourage people to weigh the risks of vaccine-preventable diseases against the typically mild side effects of vaccines. Support informed, respectful decision-making

## 10. Monitoring and managing adverse events after vaccination

After receiving a vaccination, individuals will typically be observed for a short time by a nurse or AHW to ensure no immediate signs of adverse reaction are present.

For services providing vaccinations, it's important to have clear policies and procedures in place for handling emergencies or adverse events following immunisation.

### 10.1 Adverse event management

*(Example content for workshop slides)*

- People are usually observed briefly after vaccination to check for immediate reactions
- Services should have clear protocols for recognising and responding to Adverse Events Following Immunisation (AEFIs)
- Use systems like Vaxtracker and AusVaxSafety to monitor and reports events as needed

For more information on tracking and managing adverse events, refer to:

**VaxTracker**

**AusVaxSafety**

## Part 3: Understanding and Addressing Vaccine Hesitancy

### 11. Communication strategies

Effective communication about vaccination requires understanding where individuals fall on the 'vaccine acceptance continuum' (11). People have different perspectives on vaccines, and their position on this continuum often reflects their opinions, concerns, experiences, and influences from their families and community. This section outlines strategies for engaging individuals across the spectrum of views about vaccination.

#### 11.1 Understanding the vaccine hesitancy continuum

*(Example content for workshop slides)*

The 'Vaccine Hesitancy Continuum' ranges from those who are strongly against vaccination to those who are strong advocates. By recognizing where someone might sit on this spectrum, healthcare workers can better tailor their approach to address concerns and encourage informed decision-making.

**The Continuum includes:**

- **Activist:** Rare, vocal opponents. Conversations may not be productive.
- **Rejecting:** Often influenced by past experience or distrust. Approach with empathy, without labelling them "anti-vax," which can create stigma.
- **Hesitant:** They may have questions or concerns. Listening, building trust and providing clear, evidence-based information, and encouraging them about vaccination can help guide them.
- **Accepting:** Ready to vaccinate but may still have a few questions. Address any lingering questions, or help them find the answers, and make sure they know where and how to access vaccines.
- **Demanding:** Eager to get vaccinated and want easy access. They may be looking for information on vaccine availability and expect straightforward solutions to barriers like cost or convenience.
- **Advocating:** Strong supporters and champions of vaccination who actively encourage others to vaccinate.

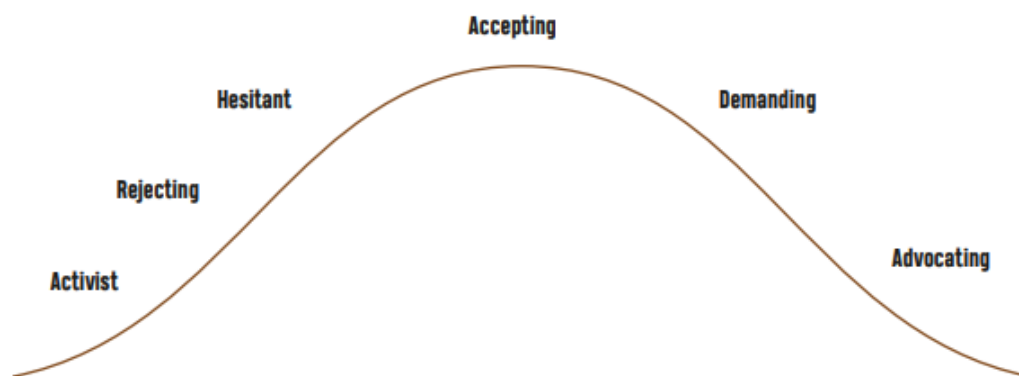


Image: [covid19vaccines\\_manual\\_communication.pdf](#)

## 11.2 Strategies to address barriers to vaccination

*(Example content for workshop slides)*

- Understand why individuals may be unvaccinated: listen without judgement.
- Promote community-led and culturally safe healthcare delivery.
- Use local champions and Aboriginal health professionals to lead communication.
- Ensure services are accessible, respectful, and barrier-free.
- Support and strengthen the Aboriginal health workforce.

Insights from addressing COVID-19 vaccine hesitancy in First Nations communities highlight key strategies (12).

## 11.3 Conversation tips for talking to people with different perspectives

*(Example content for workshop slides)*

While vaccine perspectives exist on a spectrum, they can be simplified into three main positions.(13).

1. most are **ready** to vaccinate,
2. some are **hesitant**,
3. and a smaller group fully **decline** vaccination.

For each of these positions, your communication approach should be slightly different. The only way to understand where someone stands is to ask them and listen.

1. For those who are **ready** to vaccinate, your goal should be to prevent hesitancy by addressing any questions and support timely vaccination.
2. For those who are **hesitant**, your goal should be to address their concerns. However, before offering solutions, it's important to first listen carefully and acknowledge their worries and experiences.

When talking to someone who is hesitant, use effective communication techniques, such as active listening, empathy, and plain language to convey complex information.

- Ask about their thoughts and experiences
- Address any questions or concerns at this stage
- Reflect and check-in on where they're at with vaccination
- Share what you know
- Help them find their own reasons to vaccinate

- Encourage or recommend vaccination
- Offer practical help
- Suggest next steps

3. For those who are firmly **declining** vaccination, your goal isn't to engage in a debate. If they've made it clear they're not interested in vaccinating, remain respectful and curious. Ask a few questions to understand their perspective, but don't push further. Offer to share your perspective or information that may be relevant and move onto another topic.

More information can be found at Sharing Knowledge About Immunisation <https://skai.org.au/>.

## 11.4 Responding to misinformation

When responding to misinformation, health workers should use non-confrontational communication techniques.

*(Example content for workshop slides)*

- Listen actively and respond with empathy.
- Gently correct misinformation using simple, credible (14).
- Use relatable stories and examples
- Focus on trust-building rather than debate
- Share reliable sources for follow-up information

## 12. Conversation tools

There are many conversation guides and tools available to support healthcare workers in facilitating effective vaccination conversations:

*(Example resources for slides or printouts)*

- SKAI: Sharing Knowledge About Immunisation resources tailored for Aboriginal families - [Talking about vaccination with Aboriginal and Torres Strait Islander families](#)
- Empowering Immunisation Conversation: Evidence-based communication tips [Empowering immunisation conversations](#)
- Printable guides and prompt cards for use in workshops and everyday practice

## 13. Ethical considerations

When engaging in vaccine-related discussions with Aboriginal and Torres Strait Islander people, it is essential for health service providers to uphold ethical principles that support culturally safe, respectful, and informed interactions. To support informed decision-making about vaccination, health service providers should:

- Provide clear, evidence-based information on the benefits and risks, sourced from the trusted and reliable authorities
- Respect a person's privacy and confidentiality
- Respect the autonomy of the person and their right to make their own decisions
- Communicate the benefits of vaccination for the person, their child and their community. This means it is OK to recommend vaccination.
- Ensure equal access to vaccines and information for all clients
- Foster two- way communication that is open, transparent and builds trust

## 14. Continuous education & training

For health workers and health service providers, ongoing education and training are essential to stay current with vaccine research, clinical guidelines, and culturally appropriate communication strategies. It can build confidence when responding to community concerns related to vaccination. Suggested training materials to share with workshop participants:

### Undertake annual refresher training through:

- Immunisation Update Workshops offered by local health districts, PHNs, or immunisation education providers (e.g. NCIRS, NSW Health).
- Strive for 5 (National Vaccine Storage Guidelines). Refresher on cold chain management and vaccine handling.
- NSW Health Immunisation Provider Updates. Periodic updates delivered through webinars, or in-person sessions, often aligned with new vaccine schedules or disease surveillance trends.

### Access online modules:

- NCIRS Online Learning Hub  
<https://www.ncirs.org.au/education/online-learning>  
Modules on vaccine communication, safety, cold chain, and specific disease prevention.
- APNA's Immunisation Education  
<https://www.apna.asn.au/education>  
Online learning for nurses including updates on vaccine schedules and administration.

### Review FAQ resources:

#### NSW Health Immunisation FAQs

- Covers vaccine schedules, safety, consent, contraindications, and more.
- Suitable for quick reference before or after client consultations.
- [NSW Health Immunisation page](#)

#### NCIRS COVID-19 and Routine Vaccination FAQs

- Provides plain-language answers backed by evidence for both health professionals and community use.
- Includes FAQs on childhood, maternal, and adolescent vaccines.
- [NCIRS FAQs](#)

#### Australian Government Health Department – Immunisation FAQs

- Useful for addressing common community concerns (e.g. side effects, myths).
- Good resource to incorporate into education materials.
- [Health.gov.au Immunisation FAQs](https://www.health.gov.au/immunisation-faqs)

### Join peer debriefs and learning circles:

#### 1. Health Worker Yarning Circles

- Informal discussions post-workshop or clinic, to share experiences and ask questions in a culturally safe space.

#### 2. Post-Clinic Peer Review Sessions

- Short debriefs after vaccination sessions (e.g., school clinics) focused on: what worked, what was challenging, and how to improve next time.

## Part 4: Be a Vaccine Champion

### 15. Be a Vaccine Champion

Vaccination champions play a vital role in building trust, promoting vaccine confidence, and encouraging informed decision-making within Aboriginal communities. Whether you are a health worker, community leader, or simply someone people look up to, your voice can make a real difference.

**Note:** Use this section to encourage participants to see themselves as role models who can lead conversations, share information and support their community to stay up to date with recommended vaccines.

*(Example content for workshop slides)*

#### 15.1 – Tips for health workers and health service providers

- Have the conversation. Help address vaccine hesitancy and misinformation through open, respectful dialogue
- Use the resources. Leverage the toolkit, fact sheets, videos, and community materials to support your conversations.
- Be visible and lead by example. Share your own reasons for vaccinating and speak positively about the benefits
- Make sure all clinical staff check vaccination status during routine patient visits
- Offer vaccination as routine practice during patient visits
- Use medical reminder and recall systems to follow up vaccination
- Organise Flu & Covid clinics
- Display posters, flyers in your clinic or workspace to promote vaccination
- Know where to get reliable information and encourage others to do the same
- Promote accurate information by sharing trustworthy sources, such as Aboriginal Medical Services, NSW Health, or SKAI (Sharing Knowledge About Immunisation).

#### 15.2 – Tips for family and community

- Have the conversation. Help address vaccine hesitancy and misinformation through open, respectful dialogue
- Use the resources. Leverage the toolkit, fact sheets, videos, and community materials to support your conversations.
- Be visible and lead by example. Share your own reasons for vaccinating and speak positively about the benefits
- Speak with your family and community about the importance of keeping up to date with vaccinations



- Ask what vaccinations are recommended for you and your family, and keep a track of when they are due
- Encourage mob to check their immunisation record on Medicare or ask their GP, Aboriginal healthcare worker, or AMS
- Know where to get reliable information and encourage others to do the same
- Promote accurate information by sharing trustworthy sources, such as Aboriginal Medical Services, NSW Health, or SKAI (Sharing Knowledge About Immunisation).

## 16. Useful Links

### Department of Health and Aged Care

- [Immunisation for Aboriginal and Torres Strait Islander people | Australian Government Department of Health and Aged Care](#)
- [Aboriginal-immunisation-brochure.pdf \(nsw.gov.au\)](#)
- [Immunisation providers - Immunisation programs \(nsw.gov.au\)](#)
- [Save The Date To Vaccinate \(nsw.gov.au\)](#)
- [COVID-19 information and advice for Aboriginal people and communities - COVID-19 \(Coronavirus\) \(nsw.gov.au\)](#)
- [How to speak to kids about COVID-19 vaccines \(health.gov.au\)](#)

### Existing Toolkits

- [Toolkit-opportunistic-vaccination.pdf \(nsw.gov.au\)](#)
- [WHO Training Module for Health Workers Conversations to building trust in vaccination](#)
- [Immunisation Toolkit for General Practices \(nsw.gov.au\)](#)

### Pregnancy

- [MumBubVax](#)
- [Immunisation in pregnancy brochure](#)
- [Why you should vaccinate against influenza in pregnancy - YouTube](#)

### Vaccine Safety

- [The Science of Immunisation: Questions and Answers](#)
- [Vaccine safety | Australian Government Department of Health and Aged Care](#)
- [Vaccines - Better Health Channel](#)
- [SKAI What is in vaccines?](#)
- [About Vaxtracker](#)
- [Home | AusVaxSafety](#)

### SKAI Resources

- [Supporting Conversations About Vaccinations Aboriginal and Torres Strait Islander people | NCIRS](#)
- [Sharing Knowledge about Immunisation | SKAI \(talkingaboutimmunisation.org.au\)](#)
- [Influenza immunisation resources | NCIRS](#)
- [COVID-19 decision aid tool: risks and benefits | NCIRS](#)

### Other

- [ACI Finding your way](#)
- [Resource Centre » Aboriginal Health & Medical Research Council of NSW \(ahmrc.org.au\)](#)

- [How to get your immunisation history statement – YouTube](#)
- [Do-you-need-immunisation\\_halo-a3-brochure\\_november-2023.pdf](#)

## Frequently Asked Questions (FAQs)

- [Frequently asked questions about influenza vaccination for health professionals - Immunisation programs \(nsw.gov.au\)](#)
- [Frequently asked questions about measles vaccination - Measles \(nsw.gov.au\)](#)
- [Whooping cough FAQ \(nsw.gov.au\)](#)
- [covid-vaccination-faqs.pdf \(nsw.gov.au\)](#)

## 17. Helpful tips for health professionals

Question	Tip
<b>Q.</b> What if I'm a non-Indigenous health professional working in an Aboriginal community, and think this training is useful, how do I engage Aboriginal people to co-deliver the workshops or to attend the workshops?	<b>Tip:</b> Always begin by asking, then listening to what they think about the workshops. Engage early with Aboriginal Health Workers (AHWs), Practitioners, local Elders and staff at Aboriginal Medical Services (AMS) to ask what's needed, how workshops could be run and whether they'd like to be involved... Co-deliver sessions with Aboriginal colleagues, and ensure they are involved in decision-making, facilitation, and follow-up.
<b>Q.</b> How can we design a successful workshop in our service?	<b>Tips:</b> <ul style="list-style-type: none"> <li>• Co-adapt it with local Aboriginal leaders from Aboriginal Community Controlled Organisations (ACCOs), Elders, AHWs, and AMS staff.</li> <li>• Ask what topics matter to the community right now? Flu? COVID? Child health?</li> <li>• Consider yarning circles, visual tools and activities (e.g. bingo, storytelling, hands-on games).</li> <li>• Always include time for informal conversation and feedback.</li> </ul>
<b>Q.</b> What if I'm not part of a multidisciplinary team, how can I put together a team of the right people with the right expertise to help run the workshop?	<b>Tips:</b> <ul style="list-style-type: none"> <li>• Start by reaching out. Contact your local Aboriginal Medical Service (AMS), Aboriginal Health Worker networks, or regional health district Aboriginal health teams. Ask if they can recommend someone or be involved.</li> <li>• If you don't have a local Aboriginal facilitator, build relationships with Aboriginal staff or Elders who may support co-design or facilitation.</li> <li>• Partner with organisations that specialise in culturally safe communication, behavioural science, or immunisation e.g. NCIRS, PHUs, or university research teams.</li> <li>• Consider inviting guest presenters (e.g. a Public Health Physician, Immunisation Nurse, or Behavioural Science expert) for just one part of the workshop if full co-facilitation isn't possible.</li> <li>• Remember: It's okay to start small. Focus on creating a culturally safe environment, and co-design what you can, even if it's just adapting existing resources.</li> </ul>

	<ul style="list-style-type: none"> <li>Keep your process transparent and collaborative, acknowledge any gaps in expertise and be open about seeking input to improve cultural safety and effectiveness.</li> </ul>
<p><b>Q.</b> What if the community want to go beyond immunisation in the workshop?</p>	<p><b>Tips:</b> Follow the community's lead here. Try to cover what they need in the information section. You may need to negotiate the focus so it's manageable in the time available but be open and flexible.</p> <p>The communication section could still focus on immunisation as an example of having conversations with people who are worried or concerned about a recommended practice. Ask the community advisors their thoughts.</p>
<p><b>Q.</b> Where should I hold the workshop, what venue etc?</p>	<p><b>Tips:</b></p> <ul style="list-style-type: none"> <li>Choose a location that is welcoming, familiar, and culturally safe for Aboriginal participants, such as Aboriginal Medical Services (AMS), local Aboriginal organisations, community centres, or Elders spaces.</li> <li>Avoid clinical settings (e.g. hospitals or health department offices) unless specifically requested or co-located with trusted services.</li> <li>Make sure the venue is accessible, has room for small group activities, and allows for informal conversation and breaks.</li> <li>Consider providing transport assistance or holding the session in a place people already gather.</li> <li>Check for availability of kitchen facilities if catering is offered and allow space for yarning-style seating.</li> </ul>
<p><b>Q.</b> How do I promote the workshops with local community?</p>	<p><b>Tips:</b></p> <ul style="list-style-type: none"> <li>Start by consulting local Aboriginal leaders and organisations, ask for their advice and support to spread the word.</li> <li>Promote the workshop through trusted networks like Aboriginal Health Workers, Elders groups, AMS staff, and local community Facebook pages or noticeboards.</li> <li>Use plain language in flyers or messages, focus on key benefits like "having a yarn," "sharing questions," and "keeping Mob strong."</li> <li>Encourage word-of-mouth promotion, personal invitations from trusted people often work best.</li> <li>Be clear about what's involved: free, informal, and no pressure to vaccinate, just a safe space for learning and sharing.</li> </ul>

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# Appendix 1

## Culturally informed activities and games

The workshops were Indigenised and tailored to ensure the content resonated with participants. Culturally appropriate methods such as yarning sessions, interactive activities like bingo, and role plays were incorporated. These approaches addressed participant concerns and barriers around vaccination in a way that was both engaging and meaningful. The activities were designed to foster engagement, promote learning, and provide a fun way for participants to connect with each other and relate to the public health information that was presented.

1. **Yarning approaches** were interwoven throughout the workshops, focusing on community questions, concerns, and barriers to vaccination. These discussions provided a culturally safe space for having conversations about vaccination.

### YARNING ACTIVITY: (whole group)



1. Are there any barriers to accessing vaccines for you, your family and community?



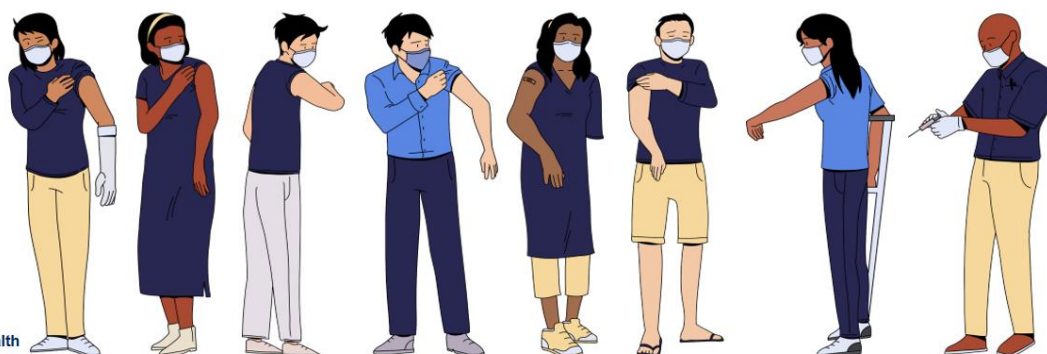
NSW Health

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### YARNING ACTIVITY:



1. What questions or concerns have you heard about vaccines?
2. Are there any barriers for you having conversations with mob about getting vaccinated?



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**2. Role plays and bingo:** recognising that group role plays are often not preferred by Aboriginal people, the team adapted an alternative approach. Drawing on vaccine conversation styles used in other projects and the SKAI resources, the team held life script-writing sessions to develop relatable, everyday conversations that were right for those communities.

- **Script 1** demonstrated a less-supportive conversation including interruption, dismissing concerns and not responding to emotional cues, over-reassuring and presenting with a guilt-inducing hypothetical, “how would you feel if...”.
- **Script 2** highlighted a more positive communication practices, such as active listening, acknowledging the person’s concerns and experience, helping the person find their own reasons to vaccinate, encouraging vaccination and offering practical help.

These scripts were video recorded by two members of the research team over MS Teams and shown to participants who then discussed together what they saw. This was more acceptable than asking them to perform the role plays themselves.

To reinforce the learning, participants were given bingo cards listing the positive conversation techniques in the second video. While watching the role plays, participants marked off styles as they heard them, promoting active listening, engagement, and fun.

**3. Knowledge-tester quizzes:** quizzes were included to test knowledge and encourage interactive participation.

**Heads or tails – true or false:** this energising activity was used to promote interaction while reinforcing key vaccination facts.

- **Face-to-face workshops:** participants were asked to stand and choose between two options, placing their hands on their head for “true” or hands on hips (tails) for “false”. Participants who guess correctly stay in the game, while those who guess incorrectly sit down. The game continues until there is one winner.
- **Online workshops:** using the poll feature in MS Teams, participants individually responded to true or false statements, fostering engagement in a virtual setting.

The game featured six true or false statement focussed on vaccination, providing an interactive way to reinforce learning while keeping the sessions engaging.

## Appendix 2

### SCRIPT 1: How NOT to talk to people who are hesitant or declining

This role play demonstrates ineffective communication practices, such as not listening or acknowledging concerns, interrupting, and not responding to emotional cues. Key behaviours include:

- Confronting
- Not acknowledging or listening
- Interrupting
- Assumes source of information
- Guilt appeal

Script	Communication practice
<b>COMMUNITY WORKER:</b> <b>Hey, how are you going?</b>	
FRIEND: I'm going ok, how are you?	
<b>COMMUNITY WORKER:</b> <b>Yeh I'm good.</b> <b>I had a flu shot the other day and my arm is still a bit sore but I'm glad I had it.</b>	
FRIEND: I'm not sure about that flu shot	
<b>COMMUNITY WORKER:</b> <b>What do you mean?</b>	Confronting question
FRIEND: My oldest daughter had a flu shot a few weeks ago and she still got the flu	
<b>COMMUNITY WORKER:</b> <b>But the flu shot can't give you the flu.</b> <b>It was probably just some other virus that was going around at the same time.</b>	Righting wrong thinking before listening fully (righting reflex).
FRIEND: Nah it was right after she had that flu shot. She got really sick and was in bed for days and missed a lot of work	
<b>COMMUNITY WORKER:</b> <b>Most people might have a bit of a reaction, but the Flu shot can't make you THAT sick.</b> <b>Have you been listening to all them gammon lies and misinformation that's been going around on the internet?</b>	Not responding to emotional cues Not acknowledging or listening Righting reflex Disparaging source
FRIEND: Look– I'm not anti-vax, but she....	
<b>COMMUNITY WORKER:</b>	Interrupting

<p><b>No, look Tammy, I already said there's a lot of fake news out there, with a lot of misinformation about vaccines.</b></p> <p><b>You see all sorts of rubbish on Facebook, and Tik Tok and other places....</b></p>	Assuming sources of information
<p>FRIEND: oh no I'm not even on Facebook or any of that other stuff. I'm telling you she got sick after her flu shot, why don't you believe me?</p>	
<p><b>COMMUNITY WORKER:</b></p> <p><b>Sure, I understand she was sick, but someone else having a reaction from the flu shot doesn't mean you're going to have a reaction.</b></p> <p><b>Everyone is different, you'll most probably be fine and feel ok afterwards.</b></p> <p><b>Don't be so worried!</b></p>	Over-reassuring
<p>FRIEND: Well, you can't be sure, with everything they put in these vaccines, what they do to the body, and there's no long-term safety studies.</p>	
<p><b>COMMUNITY WORKER:</b></p> <p><b>Well, actually, there has been lots of studies, and the government is open about what goes into vaccines.</b></p> <p><b>I think you've just got to ask yourself;</b></p> <p><b>how would you feel if you got the flu, then passed it on to others and they got really sick,</b></p> <p><b>how much would you regret not getting the flu shot?</b></p>	Use of a guilt appeal.
<p>FRIEND: (Looks at watch) Nah I don't want to talk about it no more let's just order lunch? I'm starbin.</p>	



## SCRIPT 2: How to talk with people who are hesitant or declining

This role play demonstrates effective communication practices, focusing on positive techniques such as active listening, acknowledging the person's concerns and experience, helping the person find their own reasons to vaccinate, encouraging vaccination and offering practical help. Key behaviour practices include:

- Asking questions to understand concerns
- Showing care
- Acknowledge questions or concerns
- Checking in and ask again
- Share your knowledge
- Help find their own reason to vaccinate
- Offer practical help

Positive practices	Communication practice
Anita: How ya going. Sorry I'm late - I just come back from having my flu shot.	Start the conversation
Tammy: didn't ya have one of them when you were pregnant?	
Anita: yeah I did. I had all my vaccines last year when I was pregnant and I'm due for this year's flu vaccine. Bub had his first flu shot with his six months needles.	
Tammy: I'm not having one of them flu shots again	
Anita: How come?	Asking questions to understand concerns more
Tammy: Mum had a flu shot and got the flu	
Anita: Gee, what happened?	Showing care
Tammy: She had the vaccine. She crashed right after she got that shot. She was in bed for days.	
Anita: No wonder you're worried, that sounds horrible.	Acknowledging and responding to emotion
Tammy: yeah – it was. It was a bit scary to be honest. She's been so unwell this year. ... Anyway, I'm not keen on having it.	
Anita: how is your Mum now?	Shows care
Tammy: she's ok. Took her a while but she's back to her old tricks now. She's minding the kids today. That might exhaust her (laughs)	
Anita: So you're not keen on having it now?	Checking in and ask again
Tammy: No – I was thinkin about it, but it's put me off a fair bit. But you had one today right?	
Anita: Yeah, I did. I was a bit worried because I'm taking baby to visit nan in a couple of weeks, so I don't want nanna to get sick.	Sharing her story
Before I got my flu shot, the nurse told me about the virus and the reactions you can get from vaccines. Can I share what she said?	Offering to share your knowledge
Tammy: Oh right – sure.	

Anita: Well they said there's gonna be more flu around this year and they said that older people and people who have chronic diseases can get pretty sick from it. They also said kids and people who are pregnant can get it bad too. They talked about the ways to keep mob safe.....	Sharing knowledge
Tammy: Did they talk about the side effects of the flu shot though? I wanna look after mob and my mum, but I don't want her to get sick from the vaccine.	
Anita: yeh I'm with you on that. I want your mum to stay well too. The nurse talked about the common side effects and how sometimes they can feel like flu itself. But she said the vaccine can't give you the flu because it's not a live vaccine.	Acknowledging Finding common ground Sharing knowledge
Tammy: So, why did my mum end up with flu even after getting the flu shot?	
Anita: Well, they say after you get the flu shot, it takes the body a couple of weeks to get protected. So you can still catch the flu in those couple of weeks.	Sharing knowledge
Tammy: So you <b>can</b> get flu after the flu shot?	
Anita: Yes, until the vaccine's had time to work. Also, it's never 100% guaranteed to stop you getting the flu, but you're less likely to get really sick and need to go to the hospital if you do catch the flu. You don't want to end up with pneumonia or a chest infection.  And yeah, like I said, it also helps keep our Elders, our babies and people with other health problems from getting really sick from flu.	Sharing knowledge Being honest and not over-reassuring  Talking about community benefit (help person find their own reason to vaccinate)
Tammy: Yeah well my asthma has been playing up lately....	
Anita: See that's why it's important that you get the flu shot because you could end up real sick. Personally, if it was me, I would be getting it and knowing how sick you get from asthma, I really think you should get it.	Reinforcing motivation to vaccinate Recommending vaccination
Tammy: Hmmm – I will think about it. With all the dry weather up here and that...	
Anita: Yeah, not getting flu is one less thing for you to worry about.  I'll sus out the AMS to see if they've got a flu clinic coming up.	Offering practical help
Tammy: OK thanks sis. I wanna make sure I'm good for NAIDOC week.	
Anita: Alright sounds good. I'll catch up with ya later, I gotta take this dog for a walk.	